V. S. No. 1.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very -Every Item of information should be carefully supplied. CAUSE OF DEATH in piain terms, so that it may be important. See instructions on back of certificate. N. B.

County R 43766



STATE OF MARYLAND CERTIFICATE OF DEATH

County		Registration Dist. No. 245
Village or	2FULL NAME JOSSIAN (NO.	St.;—Ward) [Il dealh occurred in a hospital or institution, give its NAME instead of street and nember.]
Р	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Muls	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF		that I last saw have allve on
⁷ AGE	87 yrs 4 mos / 3 at LESS than 1 day,hrs. OR min.?	and that doct occurred on the date stated spore, atm,
particular kin (b) General is business, or which employ	ofession, or R. R. work. nature of Industry, 7 establishment in orr man on trook courts ed (or employer)	Contributory Old ay ? (Secondary
S 11 BIR OF (S)	RTHPLACE FFATHER tate or country) IDEN NAME	(Signed)
13 BIR OF (Si	THPLACE MOTHER tate or country) OVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place lo the oldeath yrs, mos, ds. State yrs, mes, ds Where was disease contracted, if not at place of death?— Former or usual residence.—
(Add	11855) Hypotherille Md	19 PLAGE OF BURIAL OR REMOVAL Machiner Charles Handles Address Locark Veris Long 1113-7" Mr.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. for many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, mentages, pertionaeum, etc., Carcin-

cause of death approved by Committee on Nomenclu-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "l'uerperal septichaeetc., when a definite disease can be nseertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. is less defluite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations ou statement of "Dropsy," "Exhaustion,"



BINDING FOR RESERVED MARGIN

of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state "DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT Item PO -Every Item CAUSE OF Important.

1 PLACE OF DEATH

Village or City

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;---Ward)

[If death occurred in a hospital or institution, give its NAME Instead

FULL NAME Consulation	Deal C of street and nomber.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ramale Whete Single, Married Widowed, ORDIVORCEO (Write the word)	16 DATE OF DEATH Dec 2-3, 1914 (Month) (Day (Year)
Month) (Day (Year)	that I last saw h la alive on Del 24
7 AGE If LESS than 1 day,hrs. OR min. ?	and that desth occurred on the date stated above, at 5 m, The CAUSE OF DEATH* was as follows:
SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Buration) Mot Request (Buration) yrs mos. ds.
(State or country) Des Go Prof. 10 NAME OF FATHER ON Clean B Beau	Secondary (Duration) yrs mos ds. (Signed) A Rowa H.
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) D. G. Co. Mcd.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death 4.4.7 yrs mos ds. Where was disease contracted.
(Informant) William Please	If not at place of death? Former or usual residence.
(Address) Junda Ce Mid: Filed DER 37, 1914 Milson a Ryon on D REGISTRAR	Holy Truly Willington and Date of BURIAL Noly Truly Willington and Date & 7, 1914 20 UNDERTAKEN MARTINE Holy Sugar Called by Martin
	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

V. S. No. 1.

N. B.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid dineumonia"); Lobar meumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (discase causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of "Contributory." (Recommendations ou statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH-in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

county Frince George 31	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Law Lover (No. Rri	Registration Dist. No. 247 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Color of RACE Single, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED (Write the word) 8 DATE OF BIRTH MAN. 2, 1877	16 DATE OF DEATH (Month) (Dhy) (Year) 1 HEREBY CERTIFY That I attended deceased from 191 that I last saw New alive on Selection 191 191 191 191 191 191 191 191
(Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at Z: 100. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or perticular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Perturbance (State or country)	Tubuculoris Sulestins and messenting Tobe messenting (Duration) yrs. mos. ds. Contributory (Secondary)
10 NAME OF FATHER RULL HOLLS STATE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OTHER	(Signed) (Si
OF MOTHER Victoria Aflain 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds, State yrs, mcs, ds. Where was disease contracted, If not at place of death?
(Address) Landoner md. (Address) Landoner md. 15 Filed Dec 20 , 191 K Juliu & Wass June REGISTRAR If more blanks are needed, address State Begistra	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Washington po Sic 1., 191.4 20 UNDERTAKER ADDRESS Ellicott City

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leafthfuiwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not essary to know For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, As examples: (6)

Statement of cause of death—Name, first, the disease Causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertaized as the ipus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medicai Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. ampie: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of ... thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report nant peoplasms); Measles; Whooping cough; Chronic is icss definite; avoid use of "Tumor" for mailg The contributory Aiways qualify ail diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Examples: For vio-



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OCCUPATION IS very PHYSICIANS RECORD 0 PERMANENT EXACTLY UNFADING INK-THIS AGE certificate PLAINLY, WITH on back should plain See Instructions of Information DEATH Every Item CAUSE OF Important.

PAREN

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

Flied Dec. 29

OF MOTHER

County..... Vilia.

13769

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

fif death occurred in oital or Institution, ts NAME Instead et and number.]

1915

FULL NAME Madeline B	St.; ward) a hos give i of stre
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE,	18 DATE OF DEATH LICE 28
male Slave (Write the word)	(Month) (Day
(Write the word)	= 17 I HEREBY CERTIFY, That I attended

emale Start OPPOYORED (Write the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased fro
DATE OF BIRTH Neclas 17 1914	NOV 16, 191, to Dec 28, 1912
(Month) (Day (Year) AGE If LESS than 1 day,hrs.	and that desth occurred on the date stated above, st
OCCUPATION (a) Trade, profession, or particular kind of work	The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs 3 mos 5
State or country) Caurel, Md.	Contributory Secondary (Duration) yrs mos
FATHER Dawn, Brooke JI BIRTHPLACE OF FATHER (State or country) Kanny A Carlot	(Signed) , M. (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

	OR RECENT RESIDENCE (FOR M	OSPITALS, INSTI	TUTIONS, TRANS	HENT
1.	At place of death yrs mos ds. Where was disease contracted, If not at place of death?	In the State y	rs mos	d

Former or usual reside	nce	000000000000000000000000000000000000000				
19 PLAGE	OF	BURIAL	OR	REN	AVOR	ı

a	Bacon	s.
20	HYDERTAKER	1/1 //
	100,6	Treuch.

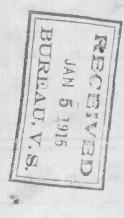
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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statement. it should be used only when needed. As examples: first line will be sufficient, e. g., Farmer or Planter, cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day Idborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninyes, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canaffection need not be stated nnless important. valvular heart disease; Chronic interstitial nephritis Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary). 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: cause. is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhanstion," Never report probably

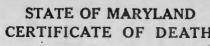


S. No. 1.

N. B.

PHYSICIANS should state of OCCUPATION Is very RECORD Exact statement PERMANENT stated EXACTLY. properly classified. UNFADING INK-THIS IS should AGE carefully supplied. Every Item of information should be carefully su CAUSE OF DEATH in plain terms, so that it m Important. See instructions on back of certificate. WRITE PLAINLY, WITH

PLACE OF DEATH



County Mic Berst	CERTIFICATE OF DEATH
	Registration Dist. No. 243 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male whits 5 single, MARRIED, Single wind wind word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw h alivs on, 191
TAGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows: Silloy fry fulling from Dann (Duration) yrs. mos. ds.
which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary (Duration) vrs. mos. ds.
10 NAME OF FATHER V) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) (Address) (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. State yrs, mos ds Where was disease contracted, It not at place of death? former or
(Internant) 1. Dello Color Col	19 PLACE OF BURIAL OR REMOVAL Marlboro Mass 20 UNDERTAKER M Hading Sono Page 1914

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tlon is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

2 156 1 Be

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, totanus) may be stated under the head such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Iuanition," "Maras genltal," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. Bronehopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of For vio-



msy

plain instructions

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DEATH

OF Every item CAUSE OF Important.

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should is

RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2 14 5 [If death occurred toWard) a hospital or institution. give its NAME Instead of street and number.] AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX DATE OF DEATH MARRIED, WIDOWED. (Month) (Year) (Dav Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs OK 7 SOCCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which ampleyed (or employer) Contributory State or country) Secondary 10 NAME OF FATHER 11 STRTHPLACE (Address) 上之山 OF FATHER' *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUBY; and (2) whether ACCIDENTAL, SUIGIDAL, OF HOMICIDAL. (State or country) AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place (State or country) of death _____ yrs. ____ mos. ____ ds. State _____ yrs. ____ mes. Where was disease contracted. If not at place of death?... usual residenca DATE OF BURIAL 20/UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

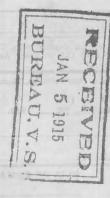
ON THE REAL PROPERTY.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question CAUSING PEATII, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fieation as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. Civil engineer, Stationary fireman, etc. But In many first line will be sufficient, e. g., Farmer or Planter, material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Collon mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-tesis of lungs, meninges, peritonaeum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ample: valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck.by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; Never report



S. No. 1.

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tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT AGE should be stated EXACTLY. of information should be carefully supplied. AGE should be st DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. INK-THIS UNFADING WITH PLAINLY. WRITE CAUSE OF Important, S N. B.-

15

Files Dec. 29 1914

13771 1 PLACE OF DEATH Cou

STATE OF MARYLAND CEPTIFICATE OF DEATH

Coun	ty ruce	CERTIFICATE OF DEATH
	1 100	Registration Dist. No. 2147
Villag	se or City Leas Clesson	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
	2FULL NAME	
1 11 10	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE SINGLE, MARRIED, WOOWED, ORDINORGED ORDINORGED WORLD	(Month) (Day (Year)
6 DAT	E OF BIRTH July 11 1912	17 I HEREBY CERTIFY, That I attended deceased from
7	(Yonth) (Day (Year)	that I last saw him alive on 100 2 1 1914
TAGE	If LESS than t day,hrs.	and that death occurred on the date stated above, at 5300 m.
	yrs mos ds or min.?	The CAUSE OF DEATH* was as follows:
(a) Tra	upation ade, protession, or ular kind of work	
busines	neral nature of industry, is, or establishment in employed (or omployer)	(puration) yrs mos 1 ds
PBIRT	HPLACE tate or country) feat Pleasant m	Contributory X hunting
	NAME OF Dennis Joseth Carin	(Signed) R (Signed) , M. D.
N	OF FATHER Brandy State on (State or country) Cultiller Country	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
PAR	of Mother Mary E Keef	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT
1	BIRTHPLACE OF MOTHER (State or country) Wishington W.C.,	At place In the of death yrs mos ds. State yrs mos ds
	ormant) Dennis Joseph Carin	Where was disease contracted, if not at place of death?————————————————————————————————————
(1110	Jost Plana tra	19 PLACE OF BURIAL OR REMOVAL

REGISTRAR

20 UNDERTAK

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeeper's minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salcsman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are engaged in the As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—if the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronio ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "l'uerrerat peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Is less definite; avoid use of "Tumor" for mallg-The contributory tctanus) may be stated under the head of Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) For Vio-



S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
D . eq	CERTIFICATE OF DEATH
County Prince Teorge	Registered No. 9 47
VIIIage or City Capitol Heinghts. 2 FULL NAME Mirgaret	St; Ward) [It death occurred in a bospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RAGE SINGLE,	16 DATE OF DEATH DEC. 6 1914
WIDOWED, ORDIVERCED	(Month) (Day) (Year)
Ilmale Sfule (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
november 10 1840	Mor , 1914, to Dec 6 , 1914.
(Month) (Day) (Year)	that I last saw han alive on Dre 5 1914
7 AGE If LESS than	and that death occurred on the date stated above, at g. am.
7) 2 1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs. mos. ds. OR min.?	Valvalor Durino D
BOCCUPATION	the Brans
(a) Trade, profession, or particular kind of work	
(b) General nature of industry,	P
business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	(Secondary)
10 NAME OF	(Duration) yrs 6 mos 45.
FATHER TROSPENY Abrung	(Signed) Location IV. a ec M.D.
V 11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
On 1x Con block	If not at place of death?
(Informant)	usual residence
(Address) Capital Hights	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 (Auditoss)	Brusweek Md Dec 8 , 1914
Flied Dec 6 1914 Juhn & Warf fred	20 UNDERTAKER ADDRESS
REGISTRAR	www. sie 1816 14 fl 118. D.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

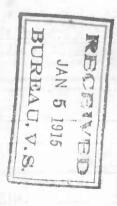
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[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 valvular heart disease; Ohronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and quaity as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Sarcoma. etc., of ... Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-



STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No ilf death occurred in .Ward) a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED (UTCOM) (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at cla 1 dayhrs. mos OR 7 proper BOCCUPATION (a) Trade, profession, or supplied. (b) General nature of industry, UNFADING business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE certifical (State or country) 10 NAME OF FATHER (Signed) of back PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. (State or country) 12 MAIDEN NAME OF MOTHER plai 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS = 13 BIRTHPLACE At place In the OF MOTHER of death State yrs, ____ yrs. _ mos. _ ds. (State or country) Where was disease contracted. If not at place of death? 0 Former or item Every item CAUSE OF Important. usual residence 15 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

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[Approved by U. S. Census and American Public Health Association.]

statement. of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, "Foreman,"

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PHYSICIANS RECORD Jo Exact statement PERMANENT EXACTLY. stated properly classified. 4 pe S pinous UNFADING INK-THIS AGE supplied. pe may carefully o 9 WITH pinons PLAINLY, information WRITE of 0下 CAUSE m ż

should state OCCUPATION IS VELY 6 DATE OF BIRTH TAGE 8 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 0 terms, ARENT 00 DEATH In plain 14 THE ABOVE IS TRUE TO Important. 15

10 NAME OF FATHER

11 BIRTHPLACE

OFFATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Informanf)

1	3	7	7	4

S SINGLE.

MARRIED. WIDOWED.

ORDIVORCED

(Day)

1 PLACE OF DEATH

4 COLOR OR RACE

(Month)

mos.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 23

e Da	St.; Ward)	[if death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL C	ERTIFICATE OF	DEATH
16 DATE OF DEATH	Stee (Month)	(Day) (Year)
that I last saw h alive	ERTIFY, That I a	attended deceased from 1914,
and that death occurred on the CAUSE OF DEATH* was	s as follows:	
Contributory (Secondary) (Signed) (Signed) (Additional Contributory (Additional Contributor) (Additional Contributory (Additional Contributory (Additional Contributory (Additional Contributory (Additional Contributor) (A	(Durafion)	
*State the DISEASE CAUSI CAUSES, state (1) MEANS (TAL, SUICIDAL, OF HOMICID.		
18 LENGTH OF RESIDENCE (OR RECENT RESIDENTS) At place of death	FOR HOSPITALS, IN	yrs, ds.
19 PLACE OF BURIAL OR RE	end t	PATE OF BURIAL
CI CITARER .		DDRESS

PERSONAL AND STATISTICAL PARTICULARS

Write the word

(Year)

If LESS than

1 day,hrs.

Filed blec 14th, 1914

REGISTRAR

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

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V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

13775

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 248

St.;.....Ward)

[If death occurred in a hospitat or institution, give its NAME Instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
White the word) 4 COLOR OR RACE MARRIED, WIDOWED, Warnied OR DIVORCED (Write the word)	16 DATE OF DEATH X EC /O ,1914 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Mowth) (Day (Year) 7 AGE tt LESS than 1 day,	that I last saw h alive on ,191 ,191 alove that death occurred on the date stated above, at 16.500, m, The CAUSE OF DEATH's was as follows:
yrs mos ds. OR min. ?	found dead, had view suffered Parelyace
(e) Trade, profession, or particular kind of work families & agreemen	Paraplegia
(b) General neture of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs mas 2 ds.
State or country) Wuslington D.S.	Contributory Puralyses & Wearh Secondary (Duratton) yrs mos ds.
10 NAME OF Thomas Down	(Signed) J. C. Ohlendorf.
11 BIRTHPLACE OF FATHER (State or country) 12 MODEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent
of Mother Many Q. Long	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Pa	At place of death yrs mos ds. State yrs mos ds
(Informant) Char W Speck	Where was disease contracted, O. R. E. Polls tt not at place of death? Former or
(Address) Brenhwood M.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed NEC 11= , 1914 Se Oflendor from Signature	20 UNDERTAKER ADDRESS Bladeus Luy in
If more blanks are needed, address State Registr	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, material worked on may form part of the second additional line is provided for the latter statement; been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head childbirth or miscarriage as mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-



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PLACE OF DEATH
County Prince Georg

Village or City Seat Ple

2FULL NAME

PERSONAL AND STATISTIC

3 SEX
4 COLOR OR RACE
Male

4 DATE OF BIRTH

January
(Month)

3776

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2 47

---St.;-----Ward

[If death occurred in a hospital or institution, give its NAME instead of street and comber.]

ADDRESS

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED, ORDIVORCEO (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from alive on (Day (Year) TAGE It LESS than and that death occurred on the date stated above at about 1 day hrs. OR.....min. ? ds. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) -----BIRTHPLACE Contributory ... Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) to the of death _____ yrs. ___ __ mos. ___ _ ds. State Where was disease contracted. If not at place of death? Former or usual residence. LACE OF BURIAY OR REMOVAL DATE OF BURIAL 15

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balton Requesting V. S. No. 1.

V. S. No.

WRITE

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. minc, etc. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) **Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Mcastcs (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and eonsequenees (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal eonditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of dcath approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railieay train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendatious on statement of "Exhaustion," For vio-



S. No. 1.

Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B. I

E	OF	DEATH	1	3	7	1
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 240

.....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

2FIIII NAME

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Nale Goloror RACE S SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	Dec 27th 1914	, 191, to, 191,
	(Month) (Day (Year)	that I last saw hallve on, 191
TAG	GE Brudead II LESS than	and that death occurred on the date stated above, at
	1 day,hrs.	The CAUSE OF DEATH* was as follows:
_		Still birth
	CCUPATION Trade, profession, or	
pai	ticular kind of work	Durability of confinent 5 days
	General nature of industry, Iness, or establishment in	
	ch employed (or employer)	(Duration)mosds.
9 B1	RTHPLACE (State or country)	Contributory Secondary
	10 NAME OF	(Duration) yrs mos ds.
	FATHER Cathaniel Davalasa	(Signed) I'm 10 Dquired The acting Coroner 10
S	11 BIRTHPLACE	Det 27, 1914. (Address) Brandymore Md
PARENTS	OF FATHER (State or country)	*State the DISPASE CAUSING DEATH OF the deaths from Wood with
R	12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
Б	OF MOTHER Josephine Fleet	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS) At place In the
	(State or country)	of death yrs mos ds. State yrs mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) Josephine Fleet.	Former or
	The second of th	usual residence
	(Address) Unom III,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	a . 26 420.	Sibbons M Ce. Cemetery, Dec. 2 / 11914
FII	ed Deen 27, 1914 /m Hospins	20 UNDERTAKER ADDRESS
	Local REGISTRAR	Correst Brooks Bandyine
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state oecupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Satesman, Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

.....Ward)

fit death occurred in a hospital or institution. give its NAME instead of street and number.]

ADDRESS

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from 19i..... to. allye on .. (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory. Secondary (State or country) 10 NAME OF (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death _____ yrs. ___ mos. __ State _____ vrs.__ Where was disease contracted. it not at placa of death? Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL (Address)..... 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

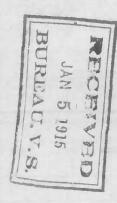
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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FOR BINDING RESERVED MARGIN

No. 1.

V. S.

. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. N. B.—Every Item CAUSE OF Important.

RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

PLA	ace of DEATH 1	3779	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 248
Village or Gi	ULL NAME Ran	ymond	St.; Ward) St.; Ward) Foruler [If death occurred in a hospital or lostitution, give its NAME Instead of street and number.]
PERS	SONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male	1. 0 - W	ARRIED, Marn. ROJVORGED Vrite the word)	16 DATE OF DEATH (Month) (Day (Year)
DATE OF BIR		9 ,188	17 I HEREBY GERTIFY, That I attended deceased from 215.
7 AGE	(Month)	(Day (Year) If LESS the state of the state	and that death occurred on the date stated above, at
© OCCUPATION (a) Trade, protess particular kind of (b) General natur business, or esta which employed (o	ion, or Extra Pase e of Industry, ablishment in Ralls	oude ma	Confine furation yes mos 2 1s.
9 BIRTHPLACE (State or co	10-	ton Dh.	Gontributory Ablant failure Secondary
12 MAIDER	PLACE THER OF COUNTRY) N NAME © 00	Fowler George V	(Signed) Association yrs most of the control of the
13 BIRTHE OF MO		gogali &	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs, mos. ds
4 THE ABOVE	STRUE TO THE BEST OF	KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence.
(Address)	2 gowie	no P	Holy Frank Church rear Borio DER 9, 1914
PIRAL / V LA	1 404 // // 17 4 4		/ A DI VIII VADIRES

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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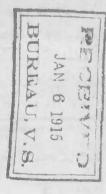
PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in Village or CitySt.;.....Ward) a hospital or Institution. give its NAME Instead ot streef and number.1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED, ORDIVORCED (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at f day, hrs. OR 7 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or amployer) -----9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) Af place In the of death yrs. mos. ds. State yrs. ____ mos. Where was diseasa contracted. 14 THE ABOVE TS TRUE If nof at place of death?.. Former or usual residence. DATE OF BURI (Address) 15 20 UNDERTAKEN ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Baylo, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Antomobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Meastes; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," themia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origiu; "Canture of the American Medical Association.) which surgical operation was undertaken. For viogenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Ascause of death approved by Committee on Nomencla-"Coutributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of kead-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJULY and qualify as childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Deblity" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report



Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is yery important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.-Every item of information should be CAUSE OF DEATH in plain terms, so

13781 1 PLACE OF DEATH County

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

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[If death occurred in

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 51	Cluble Ouland Single, Widowed, On Divorces (Write the word)	16 DATE OF DEATH (Month) (Day	, 1914 (Year)
5 D/	Treby 18 1845	that I least saw h & allye on nor 14	, 191.4
7 A ((Month) (Day (Year) GE If LESS than t day,	and that death occurred on the date stated above, at At The CAUSE OF DEATH* was as follows:	P, m
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bus	iness, or establishmant in ch employad (or employar)	(Ouration)yrsyrs	mosds
9 B!	RTHPLACE (State or country)	Contributory Secondary	***************************************
TS	10 NAME OF Jandy Johnson 11 BIRTHPLACE OF FATHER	(Signed) (Buration) yrs. (Signed) (Sig	mosds
ARENTS	(State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
Д.	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS THUE TO THE BEST, OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, OR RECENT RESIDENTS) At placa In tha of death yrs ds, State yrs	
	(Informant) Acury Huger	If not at place of death? Formar or usual rasidence.	
15	(Addrass). Crown Hu	19	URIAL (
File	ad Ale 14 1916 REGISTRAR	20 UNDERTAKER ADDRESS	0

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stalionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease who receive a defiuite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write Nonc. first line will be sufficient, e. g., Farmer or Planler, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa is very important, so that the relative healthful-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," "Iforeman,"

Statement of cause of death—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, perilonaeum, etc., Carcin-

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ACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (6)

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RECORD Exact statement PERMANENT EXACTLY. stated may be properly classified. 4 pe IS should INK-THIS AGE supplied. UNFADING DEATH in piain terms, so that it m See instructions on back of certificate. carefully PLAINLY, WITH be should information of informati item 14.0 Every item CAUSE OF Important. 0

PHYSICIANS should state of OCCUPATION is very

3 SÉX

TAGE

PARENTS

15

PLACE OF DEATH County Chillum Village or City

PERSONAL AND STATISTICAL PARTICULARS

(Month)

S BINGLE. MARRIED, WIDOWED,

ORDIVORCED (Write the word)

(Day

(Year)

4 COLOR OR RACE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 248

St.;Ward)	[If death occurred in a hospital or institution		
	give its NAME instead		

1	MEDICAL CEN	RTIFICATE C	F DEATH	
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hat I last saw h	allve o	n	24	, 191.44
and that death o	ccurred on th	e date state	d above, at	m
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if LESS than 1 day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country 10 NAME OF FATHER 11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE (Address) REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

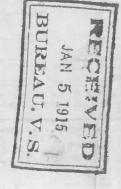
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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



Service of Persons of

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH SICIANS Shoul Registered No & fif death occurred in (No.Ward) a hospital or institution, RECORD give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) TAGE if LESS than and that death occurred on the date stated above, at... 1 day hrs. The CAUSE OF DEATH* was as follows: BOCCUPATION 5 (a) Trade, profession, or INK particular kind of work (b) General nature of industry, pe business, or establishment in (Docation) may which employed (or employer) certificate. 9 BIRTHPLACE (Secondary) (State or country) that 10 NAME OF FATHER (Signed) ō 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) should *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 드 At place In the OF MOTHER (State or country DEATH State yrs, ____ mcs. Where was disease contracted, if not at place of death? 0 Former or CAUSE OF usual residence. Important. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS m REGISTRAF If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

BINDING

ARGIN

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head such, if impossible to determine definitely. which surgical operation was undertaken. For vrochildbirth or miscarriage, as "PURRPERAL septichaccause. Always qualify all diseases resulting from "Collapse." "Coma," "Convulsions," "Debility" ("Con-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," tbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less diffute; avoid use of "Tumor" for maily-nant neoplasms); Hoosties; Whooping cough; Chronio ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing valvular heart disease; On oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) ic interstitial nephritis. (name origin; "Can death), 29 ds.; State cause for Examples: 2



RECORD

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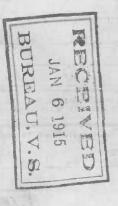
STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. UPATION Itt death occurred to a hospital or institution. give Its NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE S SINGLE. DATE OF DEATH MARRIEO, WIDOWED, ORDIVORGEO (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from (Month) (Year) (Day 7 AGE If LESS than that death occurred on the date stated above, a 1 dayhrs. OR min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory BIRTHPLACE certifical (State or country) 10 NAME OF FATHER 50 back 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs, ____ mos. ____ ds. State yrs. DEAT Where was disease contracted, OF MY KNOWLEDGE If not at place of death? Former or usuai residence... ō Important. Every It 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Dre 6 Trivate buryan 15 20 UNDERTAKER ADDRESS marlin Hadning FLEGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSINO NEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubcrculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of...... (name origin; "Canthre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease cansing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State canse for Never report



S. No. 1.

PHYSICIANS should state of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD properly classified. Exact statement AGE should be stated EXACTLY. or information should be carefully supplied.

DEATH in plain terms, so that it may be place instructions on back of certificate. -Every item of information should be CAUSE OF DEATH in plain terms, so Important. N.B.

1 PLACE OF DEATH county frime Leag

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 147

Vit	lage or City Seal Pleasant (No. 27/6)	St.; Ward) [it death occurred to a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	rale White Single, MARRIED, Widowed, wiclowed ORGIVORCEO (Write the word)	18 DATE OF DEATH December 18 , 1914 (Month) : (Day (Year)
6 D	ATE OF BIRTH August 9th., 1818 (Year)	that I last saw here alive on Dec. 18 , 1914.
	9 6 yrs 4 mos 1/ ds. or min.?	and that death occurred on the date stated above, at
(a pa (b) bus wh	CCUPATION) Trade, profession, or ricular kind of work General nature of industry, iness, or establishment in Ich employed (or employer)	Lobar Junemong (Ouration) yrs mos 4, ds. Contributory Secondary
PARENTS	10 NAME OF FATHER Unknown 11 BIRTHPLACE OF FATHER (State or country) Unknown 12 MAIDEN NAME	(Signed) Z. Janage M. D. Dec. 19, 1914. (Address) 623 Ind. Dec. 19 *State the Disease Causing Death, or, in deaths from Volental Causes, state (1) Means of Injury; and (2) whether Accidental Suicipal, or Homicipal.
	OF MOTHER Unknown/ 13 BIRTHPLACE OF MOTHER (State or country) Unknowledge THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS) INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrs
16 Fil	(Address) b.3.9 Par. Ave. S. E. Wash. D. C.	19 PLACE OF BURIAL OR REMOVAL Washington, D. C. Dec. 21, 1914. 20 UNDERTAKER Boteler & Durisoe 639-Parlyv. S.E.
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. U.S. V.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestle service for wages, as should be taken to report specifically the occupations statement. material worked on may form part of the second eases, especially in Industrial employments, It is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has galufully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mitl; (a) Salesman, (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuters of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senlle," etc.), "Dropsy," "Exhaustion," thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ascer" is less dcfinite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of...... (name origin; "Can cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for canse. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. thre of the American Medical Association.) "Contributory." by curbolic acid-probably suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned Accidental drowning; Struck by raitway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which snrgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (Recommendations on statement of (dlsease causing death), 29 ds.;



V. S. No. 1.

AGE should be stated EXACTLY. PHYSIGIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. AGE should be UNFADING INK-THIS IS carefully supplied. CAUSE OF DEATH in plain terms, so that it m important. See instructions on back of certificate. WRITE PLAINLY, WITH N. B.-Every item of information should be GAUSE OF DEATH in plain terms, s

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.;Ward)	[it death occurred
	a hospital or lostitution

	2FULL NAME Challet Ph	Rublanel
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
38	1 ale What What was the word)	16 DATE OF DEATH (Month) (Day (Year)
	Tef 2 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Dec 2 4 , 191 4, to Dec 2 4 , 191 4, that I last saw have allow on Dec 2 4 , 191 4.
⁷ A	1 t LESS than 1 day, hrs. 0 k min. ?	and that death occurred on the date stated above, at
(a pa	CCUPATION) Trade, protession, or Farmer inticular kind of work	LALLALLE A
bu) General nature of industry, siness, or establishment in ich employed (or employer)	(Ouration) yrs mos 7 ds.
9 B	(State or country) Switzerland	Contributory Menuture Secondary Teast Failure (Doration) yrs mos 9 fcs
10	10 NAME OF Samuel Knoblanch	(Signed) James of Jasut , M. D.
11 BIRTHPLACE OF FATHER (State or country) Switzerland		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCINEN-
PAR	13 BIRTHPLACE 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14 .	OF MOTHER (State or country) Swizeland	At place in the of death yrs mos ds. State yrs mos ds. Where was disease contracted,
	(Informant) John A. Knoblanch	If not at place of death? Former or usual residence.
16	(Address) Bowlins	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DEC 38 191 4
FI	180 AEC 27, 191 4 Melson a Ryon on D	20 UNDERTAKERS Truch APTRESS Laurel 3nd

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: causing dearn, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Cansepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. childblrth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertalned as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classified. properly supplied. be UNFADING certificate. that ٥ back plain See Instructions 2 DEATH WRITE ō Item OF Important. Every It

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

			1.	0	-
Registration	Dist.	No.		~	

[If death occurred in Village or City St .:... ...Ward) (No ... a hospital or Institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (I)av (Year) ORDIVORGED (Write the word) Marrie I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. OR min. ? SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death Zi yrs. 6 mos. State yrs, ____ mos, __ Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death? usual residence DATE OF BURIAL (Address).... 15 20 UNDERTAKER DDRESS

If more blanks are needed, address State Registrar, 6 E. Frankia St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Honsemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Honsewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Antomobile factory. The it should be used ouly when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (2)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tabercalesis of lungs, meningos, peritonacum, etc., Carcinlesis of lungs, meningos, peritonacum, etc.,

mia," "Puerperal peritonitis," etc. State canse for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronie ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehae "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection used not be stated unless important. valvular heart disease; Chronie interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease cansing death), 29 "Senile," etc.), "Dropsy," may be stated under the head of (Recommendations on statement of "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DAN 5 1915 BURBAU, V.S.

RECORD PERMANENT INK that î Instructions plai 5 DEATH of Every item CAUSE OF mportant.

1 PLACE OF DEATH STATE OF MARYLAND County Funce Lenge Co CERTIFICATE OF DEATH Registered No. 10 an Point (No. Ill death occorred in -Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 6 SINGLE, 4 COLOR OR BACE Dean WIDOWED, Write the word I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH , 191 / 4 to Lac (Month) (Day) TAGE If LESS than and that death occurred on the date stated above, at 5:00 A m. 1 day hrs. The CAUSE OF DEATH * was as follows: acute Indigestion BOCCUPATION (a) Trade, profession, or (b) General nature of industry, Base business, or establishment in Fisheries Contributory ⁹BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) De . 11 BIRTHPLACE ARENT (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the State _____ yrs. ____ mos. yrs. mos. ds. Where was disease contracted. if not at place of death? Former or usual residence DATE OF BURIAL 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salcaman, (b) cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age who have no occupation whatever, write None. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never retnrn "Laborer," "Foreman," If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the DISKASK CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc. Carcin-

scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage. as "PUERPERAL septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough; Chronio The contributory (secondary or intercurrent) (Recommendations on statement of



PHYSICIANS should state of OCCUPATION is very RECORD statement PERMANENT EXACTLY. classified. should properly AGE supplied. pe may certificate. that 80 Jo back terms, uo plain Instructions DEATH In of OF mportant. Every ite

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 a hospital or Institution. give its NAME Instead of street and number. T PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. BEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) Write the word) I HEREBY CERTIFY. That I attended decoased from (Day) (Year) 7 AGE If LESS than 1 dayhrs. OR min. ? BOCCUPATION (a) Frade, profession, pr particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) Where was disease contracted.

If oot at place of death?

usual residence. 19 PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: tion is very important, so that the relative mealthfulcated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, (d) the nature of the business or industry; and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Dneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acctwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for malig "Contributory." Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chronia oma. Sarcoma. etc., of ... The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Candeath), 29 "Exhaustion," Examples: For VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

Ounty Prince George Village or City Maryland No Park	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 244 [If death occurred in a hospital or institution,
*FULL NAME Thomas me	Server give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male COLOR OR RACE SINGLE, MARRIED, MARVIED WISSERD (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH	11 25 1914 to the 1 , 1914,
7 AGE (Month) (Day (Year) 1 day hrs.	that I last saw h and allive on Policy 191 4 and that death occurred on the date stated above, at Z m.
60 yrs 7 mos 8 ds OR min ?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work Sockramus & Classe (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 Defal.	Contributory Charles Contribut
on 11 BIRTHPLACE	(Signed) 3 22 3 Aug., M. D.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or. In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Suland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the 'of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted.
(Informant) Mis Clestine Mc Kurnen	If not at place of death? Former or usual residence.
(Address) Manyland, Mil. Filed Dec. 1 24 9 June 6 Many Social REGISTRAR	M. Oliver, Wach, D. G. Aber. 4., 1914. 20 UNGERTAKER ADDRESS ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, Civil engineer, Stationary Areman, etc. But In many Physician, Compositor, Architect, Locomotive For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman," engineer,

Statement of cause of death—Name, first, the disease causing death—In all always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name orlgin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify us mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genltal," "Seuile," etc.), "Dropsy," "Exhaustlou," mere symptoms or terminal conditions, such as "Asture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory Aiways qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report Ex-



No. 1/2

PLACE OF DEATH AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS IS of information should be carefully supplied.

DEATH in plain terms, so that it may be in See instructions on back of certificate. PLAINLY, WITH WRITE CAUSE OF Important. 0 ż

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STATE OF MARYLAND CERTIFICATE OF DEATH

Cor	unty Are, Sw.	Registration Dist. No. 231
Viti	age or City Landover (No. 1)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 81	emale White Single, widows on opening with the word)	DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
8 D/	THE OF BIRTH June 13, 1827	100 25 1914 to 1000 13 1914, that I last saw h. 2 allyeon 200 12 1914
7 A C	(Month) (Day (Year) If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) pai (b)	OCCUPATION Trade, profession, or Housewife Ticular kind of work General nature of industry,	Frank delily
whi	iness, or establishment in chemployed (or employer) IRTHPLACE (State or country) Manyland	Contributory Secondary (Duration) yrs mos ds.
S	10 NAME OF Thomas Wilson	(Signed) yrs mos ds. (Signed) , M. I. 1032 / 3 , 1914 (Address) yullstalls
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds Where was disease contracted.
	(Interment) Martha A Nea	If not at place of death? Former or usual residence.
16	(Address) Landovet, Md.	Mugrader form Investo mg Del 15, 191 4.
Fil	ed Dec 13, 1914 May Sucer REGISTRAR	F Gasche Cour Bladensbrus
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Ralto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

*, statement. material worked on may form part of the second applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are ingaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, ctc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, mcninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Puerperal septichae-"Exhaustion," Never report



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PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement A PERMANENT stated EXACTLY. AGE should be WRITE PLAINLY, WITH UNFADING INK-THIS IS of information should be carefully supplied.

DEATH in plain terms, so that it may be See instructions on back of certificate. CAUSE OF Important. N. W

Gounty Prince George



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 2 14 7

St.	V	Va	rd)

[If death occurred is a hospital or institution, give its NAME instead of street and number.]

	FULL NAME Mary & Mas	of streef and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
355	eval White (Write the word)	(Month) (Day (Year)
6 D/	(Month) (Day (Year)	that I last saw his alive on see 2 4 1914.
7 A C	Image: square	and that death occurred on the date stated above, at 2. Tollifn, The CAUSE OF DEATH* was as follows:
(a) par (b)	CCUPATION Trade, profession, or Trade, profession, or Generat nature of Industry, Iness, or establishment in	
9 BI	ch employed (or employer) RTHPLACE (State or country)	Contributory Seesal arbibity Ephanetry
S	10 NAME OF LOUIS Plackburn 11 BIRTHPLACE	(Signed) Fraces Collair, M.D. DEL 31 1914 (Address) / 3 / 9 7 2002
PARENT	OF FATHER (State or country) Contucky	*State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Ь	13 BIRTHPLACE OF MOTHER (State or country) Hunsur Co Va	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death yrs, mos, ds
	(Informant) AMSOWN MAIN	Where was disease contracted, If not at place of death? Former or usuat residence
15 Flt	ed Dec 30", 1914 Grace Doct REGISTRAR	19 PLACE OF BURIAL OR REMOVAL OR DATE OF BURIAL Ongressing Cemely Dec 3/ 1914 20 UNDERTARDO 3/ 1914
		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not puld Housekeepers minc, etc. Women at home, who are engaged in the tication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when ueeded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, first live will be sufficient, e. g., Farmer or Planler, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: The question "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuconym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report Typhoid pnenmonia"); Lobar pneumonia; Bronchopheumonia ("Pnenmonia," naqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaoum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstilial nephrilis, oma, Sarcoma, etc., of..... (uame origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for eanse. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes affection used not be stated unless important. cer" is less definite; avoid use of "Inmor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tclauus) may be stated nuder the head by carbolic acid-probably suicide. The nature of the deal; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway Irain-acci-ACCIDENTAL, SUICIDAL, OR HOMICIDAL, OR as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Senile," etc.), (Recommendatious on statement of (disease cansing death), 29 ds.; "Dropsy," "Exhaustion," Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state The DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. N. B.—Every liem of information should be CAUSE OF DEATH in plain terms, s. Important.

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

[if death occurred la

FULL NAME Garrie Jean	give Its NAME Instead of street and oomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, MIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Wee 30 1914 (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw held alive on Low 29, 191 4
7 AGE If LESS than	and that death occurred on the date stated above, at 4,30 Pm.
20 yrs 3 mos 2 4 ds or min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	
(b) General nature of Industry, business, or establishment in	(Ouration) yrs Omogo ds.
which employed (or employer)	Contributory Dasin orchiage - Lingo
(State or country)	Secondary
10 NAME OF Philis Thomas heselding	(Signed) Charles Effection) yrs mos ds.
OF FATHER	Alec 30, 191 4 (Address) Lacon grass 4 to 01/1 log
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL,
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place
(State or country) Was hory by W.C,	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY NOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) Jan le neset dure	Former or osual residence
(Address) la oragress of to 1465	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Nee 31, 1914 TAMCROWN DUS	20 UNDERTAKER ADDRESS
Local REGISTRAR	W. W. Weal & Co Washington
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an eases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be judi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of mia," "l'UERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerpenal septiehacmus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asetc. The contributory (secondary or intercurrent) ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



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pluode PHYSICIANS should of OCCUPATION statement PERMANENT EXACTLY. classified. THIS INK be 0 WITH PLAINLY. plain instructions 5 I EAT WRITE 0 OF CAUSE OF Important.

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STATE OF MARYLAND PLACE OF DEATH 13795 CERTIFICATE OF DEATH Prince George Registered No Ilf death occurred inWard) a hospital or institution, give its NAME instead of street and number.] FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from (Day) (Year) (Month) It LESS than 7 AGE and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ------Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL. SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE In the At place OF MOTHER (State or country ot death yrs. mos. ds. State yrs, _.... mos. ds. Where was disease contracted. It not at place of death?..... Former or usual residence (Address)

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocerv: (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfuily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as "Manager," "Deaier," etc., without more precise specistatement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, For persons "Foreman,"

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ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned sucb, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the inus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronio interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... Accidental drowning; Struck by railway train-acct-Bronchopneumonia (secondary), 10 ds. Never report ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



RECORD PERMANENT THIS INK ARGIN PLAINLY WRITE

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH shoul Registration Dist. No PHYSICIANS SHOP If death occurred in St.:...Ward) a hospital or institution. give its NAME Instead of street and number.] statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. NO DATE OF DEATH 4 COLOR OR RACE MARRIEO. WIDOWED, (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at. 1 day.....hrs BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 80 90 terms, S 11 BIRTHPLACE ARENT OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT UO CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME EATH in plain OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death yrs. mos. ds. (State or country) Where was disease contracted. See if not at place of death?..... 0 Former or OF usuai residence. mportant, Every its 12 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 29 UNDERTAKER ADDRESS m If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

191.

(Year)

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care statement. who have no occupation whatever, write Nonc. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persous engaged in domestie service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked ou may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is ucc-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ehildbirth or miscarriage as "Tuerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," ctc., when a definite disease can be ascertained as the genital," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Coutributory." by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head of "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," ete. State eause for

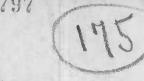
If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 6 1915 BURMAU, V.S.

should state of OCCUPATION IS PHYSICIANS RECORD properly classified. Exact statement PERMANENT stated EXACTLY. should be WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE carefully supplied. DEATH in plain terms, so that it may be See instructions on back of certificate. of Information should be

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1 PLACE OF DEATH Village or City Och Cresh



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

 St	W	ard)

[It death occurred in a hospital or institution,

give its NAME instead of street and number.]
Coroner MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH LOSS (Month) (Day (Year)
that I last saw h allys on Lord know 191
and that death occurred on the date stated above, at
Bush Stage County Md. mos. ds.
Gontributory Secondary
(Signed) Officed & Melliconcomple Crossel, M. B. Like 1914 (Address) Parties and Complete Courses, M. B. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. Where was disease contracted,
If not at place of death? Former or usual residence
19 PLACE OF BURIAL'OR REMOVAL DATE OF BURIAL DEL 1911

REGISTRAR

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

S. No.

Every Item CAUSE OF Important,

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[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal additional line is provided for the latter statement; tiou is very important, so that the relative healthfulness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken duties of the household only (not paid Housekeepers mine, etc. statement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up ou account of the DISEASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons report specifically the occupations "Foreman,"

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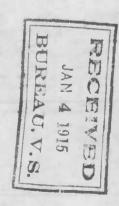
STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No. Ilf death occurred in St.:---Ward) a hospital or institution, give Its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OF RACE MARRIED. WIDOWED. (Month) (Year) ORDIVORCED I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 191..... to alive on (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. OR min. ? ...mos.... 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 0 back PARENTS OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether Accidental, SUCIOIAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME ATH in plain instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ____ mos. ____ ds. * State ____ yrs. ___ Where was disease contracted, If not at place of death? 0 Former or OF usual residence..... important. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Every 15 20 UNDERTAKER ADDRESS 1f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. S. No. 1.

County La County	STATE OF MARYLAND CERTIFICATE OF DEATH
VIIIage or City Forestylle (No	Registration Dist. No. [If death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male Color or RACE 6 SINGLE, MARRIED, WIOWED, WIOWED, Write the word) DATE OF BIRTH LULLWANN 1	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased in the second s
(Month) (Day (Year) AGE Society of the second of the sec	and that death occurred on the date stated above, st. 39. The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of Industry, usiness, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Complications
10 NAME OF FATHER LUBRION. 11 BIRTHPLACE OF FATHER (State of country) Zubriowy. 12 MAIDEN NAME	(Signed) (Suration) Control of the Causes, state (1) Means of Injury; and (2) whether Accidentally, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (INTORNAL) (INTORNAL)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) Al place In the of death yrs, mos. ds. State yrs, mos. Mhere was disease contracted, It not at place of death?
Filed St. 7 ,1914 Land P. REGISTRAR 1f more blanks are needed, address State Regis	USUAL TOSIGENCE. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS FINANCIAL ADDRESS

[Approved by U. S. Census and American Public Health Association.l

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman. etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," (6)

lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) prospinal term for the same disease. time and causation), using always the same accepted causing dearn (the primary affection with respect to ("Pneumonia," fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercu-Examples: Cercbrospinal

> which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection used not be stated unless important. valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origiu; "Cauture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a defluite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Brouchopneumonia (secondary), 10 ds. "Contributory." LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for Always qualify all diseases resulting from Measles "Scnile," etc.), may be stated under the head of (Recommendations ou statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report

tions answered in detail, it will prevent further correspond-conditionally the data is essential and must be obtained before If this certificate is looked over thoroughly and all quesis permanently filed.





V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See leatringing on back of cartificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Prince Geo	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 215
Village or City Hyattsville (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, windowed, Single (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Nort know mouth or day, 1848 (Month) Day (Year)	bec 20 1914, to bec 31 , 1914 that I last saw h Mallye on Dec 31 , 1916
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 9 R m The CAUSE OF DEATH* was as follows: Mittal July lesion of Higher Forland Protote
particular kind of work	Contributory Inantion yrs mos ds
10 NAME OF FATHER LOUT KNOW	(Signed) John Borse, M. D. Jan J. 1915 (Address) Out Ranner
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER PLOUT FROM	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?
(Informant) Frank Malebelle (Address) Ayattaville IIId. 15 Filed III. 11, 191 & Jan Swell REGISTRAR	Former or USUAL POSIDENCE 19 PLACE OF BURIAL OR REMOVAL Planta Jon M. C. Jan 2

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dcaler," etc., without more precise specimaterial worked on may form part of the second the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-For many occupations a single word or term on the who have no occupation whatever, write Nonc. causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (mcrely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 (Recommendations on statement of (secondary or intercurrent)



WRITE

S. No. 1.

CAUSE OF I

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PERMANENT PLAINLY, WITH UNFADING INK-THIS IS Item of information should be

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

County Prince Georges



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

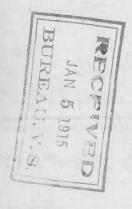
Village or City MA Rainer (No	34" St.; 3 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I hereby Certify, That I attended deceased from
6 DATE OF BIRTH ON 19 (Month) (Day (Year)	hor 29 1914, to Dec 11 1914, that I last saw her allve on Dec 10 ,1914
TAGE 62 yrs. T mos. 23 ds. OR min.?	and that death occurred on the date stated above, at 2m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Mont gonusy Co. Mus	(Duration) / yrs mos ds. Gontributory Paralyses of heart Secondary
OF FATHER Seo. W. Brown. 11 BIRTHPLACE OF FATHER (State or country) Venslower. 12 MAID ON THE OF T	(Signed) J.C. Chlender M. D. (Signed) J.C. Chlender M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) VInslume 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Chas. H. Reynolds	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Terrilanth & S. 16 Filed DEC 12, 191 4 f. C. Ohlandor France REGISTRAR If more blanks are needed, address State Regist	20 UNDERTAKER W. H. Sandor Co Trans G. E. Franklin St., Baito., Requesting V. S. No. 1. Wash, D. S.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. . Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekcepers statement. who have no occupation whatever, write None. been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As cxamples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) which surgleal operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measics; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion,"



BINDING FOR RESERVED MARGIN

S. No. 1.

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PHYSICIANS should state of OCCUPATION IS Very RECORD properly classifled. Exact statement PERMANENT EXACTLY. UNFADING INK-THIS IS AGE See instructions on back of certificate. WRITE PLAINLY, WITH of information should be DEATH In CAUSE OF Important.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred in

	FULL France Estate Ser	give its NAME instead of streef and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Dee, 20 ,1914 (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 A	(Month) (Day (Year)	that I last aaw h & T allve on Dec 20 1914
	14 yrs. 3 mos / G ds. 1 day, hrs. or mln.?	and that death occurred on the date stated above, at 4.22 mm, The GAUSE OF DEATH* was as follows:
(a) pa (b) bus	OCCUPATION) Trade, profession, or ricular kind of work. General nature of industry, siness, or establishment in	(Duration) yrs mos Z ds.
-	IRTHPLACE (State or country) 10 NAME OF 10 NAME OF	Contributory Secondary (Duration) yrs mos ds.
NTS	11 BIRTHPLACE OF FATHER (State or country) Augel Tud-	(Signed) , M. D. Stel 20 , 191 (Address)
PARENTS	12 MAIDEN NAME OF MOTHER Annie A. Hanison	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	of deathyrsmosds. Stateyrsmosds Where was disease contracted, If not at place of death? Fornier or usual residence.
15 Fil	(Address) Saure & Mariall	19 PLACE OF BURIAL OR REMOVAL DOTE OF BURIAL 20 UNDERTAKER ADDRESS 200

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

material worked ou may form part of the second applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Houscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohur pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Caumia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," affectiou need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgeuital," themia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as "Collapse," "Coma," Bronchopneumonia (secondary), 10 ds. "Contributory." is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all discases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations ou statement of may be stated under the head of "Couvulsions," "Debility" ("Con-"Dropsy," "Exhaustion," Never report probably



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Prince Levrage.	CERTIFICATE OF DEATH
	Registered No. 2 4
Vitlage or City Piacataway (No.	St; Ward) [If death occurred in a hospital or Institution, give its NAME instead of street and number.]
FULL NAME	13 bin control of the
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colod of RACE Single, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
December 1903,914	Dec 8 , 1914, to Dec 10 , 1914,
(Month) (Day) (Year)	that I last saw has alive on
7 AGE If LESS than t day,hrs.	and that death occurred on the date stated above, at
// yrs ds. ORmin. ?	The CAUSE OF DEATH Was as follows:
8 OCCUPATION (a) Trade, profession, or	Hemmagre Jurguna.
particular kind of work	
business, or establishment in which employed (or employer)	(Duration) yrs. mos. 2 cs.
BIRTHPLACE (State or country)	Contributory
(State or country) ring Levice Co.	(Secondary)
10 NAME OF FATHER WY FULL	(Signed) I ankla Dittaching, M, D.
O 11 BIRTHPLACE OF FATHER	Dec 11, 1914 (Address) Dix P.O. mil.
(State or country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Kate Bell.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Charles Co-	OR RECENT RESIDENTS) At place in the of death yrs, mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) WI TUTT.	Former or Usual residence
Ca Cataway.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
. (Address)	Discalaway Ind Dec 12, 1811
Files Die 11 1914 Codoan to Hunt In s	20 UNDERTAKER ADDRESS
REGISTRAR	Um. Irahimus Recolocale Ind
If more blanks are needed, address State Registration	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

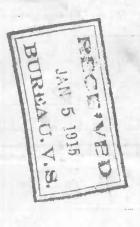
13803

[Approved by U. S. Census and American Fublic Health Association.]

CAUSING DEATH, state occupation at heginning of ill-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). For persons heen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewijc, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. mine, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter, 9

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcinosis

cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPIEAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purreral septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritts nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ______ (name origin; "Cancer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) Accidental drowning; Struck by railway train—acci-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of Never report Examples:



UNFADING INK-THIS IS

PLAINLY, WITH

WRITE

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V. S. No. 1.

RECORD

PERMANENT

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state beat in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. CAUSE OF Important. S 1 PLACE OF DEATH

30021

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

[If death occurred in a hospital or lostitution, give its NAME lostead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Mec 28, 1914 (Month) (Day (Year)
6 DATE OF BIRTH Mule 28 (Month) (Day	17 I hereby Certify, That I attended deceased from the 28, 1914, to 1914 (Year) that I lost sow have alive on 1914
TAGE Still Bons	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which amployed (or employer)	(Duration) yrs mos os.
SEIRTHPLACE (State or country) 10 NAME OF	Contributory Secondary (Doration) yrs mos ds.
TATHER Jarry a Sere 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 4	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
OF MOTHER Eskel Henrit 13 BIRTHPLACE OF MOTHER (State or country) Al. C.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrs,mos,ss
(informati) Harry & Revall	Where was disease contracted, If not at piace of death? Former or osual residence
(Address) life to 8 Agle &	20 UNDERTAKER ADDRESS.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a dcfinite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, (b) "Foreman,"

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF AS probably The contributory "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)



V. E. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

13804

VIIIage or Gity Capitol Hans ghts 2FULL NAME Donna Isabel	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 24 St.; Ward) St.; Ward) Londheimer [If death occurred in a hospital or institution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
remal white (Write the word) 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 bate of DEATH OO , 1914 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I sttended decessed from
(Month) (Day (Year)	that I last saw h & Calive on 12/10, 1914.
TAGE 27 yrs 1 mes 25 ds or min.? **OCCUPATION** (a) Trade, profession, or particular kind of work. **Trade, profession, or particular kind or	and that death occurred on the date stated above, at 830 am. The GAUSE OF DEATH* was as follows: Culmonary Juleurulosis
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or count)	Contributory Secondary
10 NAME OF FATHER 3. Ellis 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME W OF MOTHER 4.	(Signed) (Duration) yrs mos ds. (Signed) (Duration) yrs mos ds.
of Mother Mary Smith 13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place In the of deathyrs,mos,ds. Stateyrs,mos,ds Where was disease contracted,
(Informant) Williamending mo (Address) Washingtone to	If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Dec 10" 1914 Grace Dow	20 UNDERTAKER ADDRESS PA. OTALLANDINAMINAMINAMINAMINAMINAMINAMINAMINAMINAM

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. been changed or given up on account of the disease who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "l'uerreral peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septiehaethenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. cte., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-



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Instructions

Should

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. Ilf death occurred in ---Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. (Month) OROTORCED (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at t day,.....hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or perticular kind of work. (b) General nature of industry, business, or establishment in (Duration) _____yrs.__ which employed (or employer) 9B!RTHPLACE (State or country) Contributory..... Secondary mos. 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) The deaths from VIOLENT CAUSES, State (1) MEANS OF TAL, SUICIDAL, OF HOMICIDAL RY; and (2) whether Acciden-12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State _____ yrs. ___ mos. _ Where was disease contracted. 14 THE ABOVE IS TRUE PEST OF MY KNOWLEDGE If not at place of death?... Former or usual residence. PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER ADDRESS REGISTRAR acless Fur 9 mo

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precisc specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. gases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection necd not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, ctc., of...... (name origin; "Canscpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal scptichaccause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; State cause for "Exhaustion," For vio-



S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement—of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s.

13805 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 1

St.;....Ward)

[If death occurred in a hospital or institution

2 FULL NAME Blaine Thomp	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or race 5 single, Sin gle Married, wisower, Order Orthogodo (Write the word)	18 DATE OF DEATH Dea. 8 Th (Month) (Day (Year)
Month (Day (Year)	that I last saw h un alive on Die 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7 AGE If LESS that 1 day,hrs ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Oulmonery Suber enloriqueration) yrs. 3 mos. ds.
* BIRTHPLACE (State on country) fill ML - 10 NAME OF FATHER arthur Humpson	Secondary (Duration) yrs mos ds. (Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 19 MOTHER 10 MOTHER 11 MOTHER 12 MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 18 MOTHER 18 MOTHER 18 MOTHER 18 MOTHER 19 MOTHER 19 MOTHER 19 MOTHER 10 MOTHER 10 MOTHER 10 MOTHER 10 MOTHER 11 MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTH	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mary Cand	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds
(Informant) H. R. Burwell M. D. Lew James tenderson	Where was disease contracted, If not at place of death? Former or usual residence
16 Filed Dec 10 1914 T & Mc Lenin DVS	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Wec 10, 1914 20 UNDERTAKER ADDRESS

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[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. mine, etc. it should be used only when needed. additional line is provided for the latter statement; tion is very important, so that the relative healthfuleated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner; (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (0)

Statement of cause of death—Name, first, the Disease causing death—Name, first, the Disease causing death—Name, first, the Disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debillty" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from M casles "Semile," etc.), (Recommendations on statement of (disease eansing death), 29 ds.; "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence.

All the data is essential and must be obtained before the furtheate is permanently filed.

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S. No. 1.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very UNFADING INK-THIS IS A PERMANENT carefully supplied. Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it mi important. See instructions on back of certificate. PLAINLY, WITH Di. ż

PLACE OF DEATH 13	186	
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 240

Massasse	S	t :	 W	ar	ď	1

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

²FULL	NAME	•	dr	not	un.	28
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	TOLL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	ATE OF BIRTH Dec H, 1914	18 DATE OF DEATH (Month), (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191, to 191
7 A	If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows:
(a pa (b) bus wh	CCUPATION) Trade, profession, or rticular kind of work General nature of industry, incess, or establishment in ch employed (or employer) RTHPLACE (State or country)	Contributory Secondary
TS	10 NAME OF FATHER TONONS LEUN 11 BIRTHPLACE OF FATHER	(Signed) (Duration) yrs mos ds. (Signed) , M. D.
PARENTS	12 MAIDEN NAME OF MOTHER CLIME M Schuyler	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE SET OF MY KNOWLEDGE (Informant)	OR RECENT RESIDENTS) At place of death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death? Former or usual residence.
15	(Address) Milleuhun Mag	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
File	ed191REGISTRAR	20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less defluite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for



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SICIANS should PHYSICIANS RECORD of PERMANENT of Instructions PO Important. CAUSE

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St .:Ward) a hospital or Institution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. widowed, Wildown or Divorced (Write the word) (Month) (Dav I HEREBY CERTIFY. That I attended deceased from 18.23 (Month) (Day (Year) 7 AGE It LESS than 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) Secondary (Duration) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address) OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place In the OF MOTHER (State or country yrs. State Where was disease contracted. 14 THE ABOVE IS It not at place of death? Former or usuai residence BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNBERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specimateriai worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuclesis of lungs, meninges, peritonacum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT-DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as cause. etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage." "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary). 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—aeciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," may be stated under the head of (Recommendations on statement of etc.), "Dropsy," "Puerperal septichae "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5 1915 BURRAU, V.S.

PERMANENT 4 UNFADING WITH PLAINL

state PHYSICIANS should of OCCUPATION IS RECORD classified. properl be liddus certificate that 80 of back 0 ATH in plain instructions Informati DEATH WRITE See ō ō Important. ш Every

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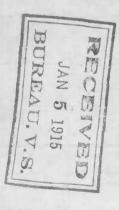
STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County.... Registration Dist. No. 248 I'lf death occurred lo ...Ward) a hospital or Institution, give its NAME instead anne of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED, MANUEL WIDOWED, (Year) (Month) Female ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 860 (Year) Month! 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) -----Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address) OF FATHER *State the DISEASE CAUSING DEATH, OF In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State Where was disease contracted, 14 THE ABOVE IS TRUE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Palto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neeapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, aud children, not fication as Day laborer, Farm laborer, Laborer-Coal Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is ludefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, telanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was nudertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debillty" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report



OLIG N 40 PHYSICIANS of OCCUPAT RECORD PERMANENT pe may terms, pisin Instructions = DEATH WRITE 0 OF mportant. CAUSE

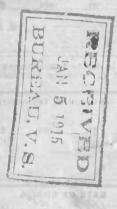
STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. If death occurred in .Ward) a hospital or institution. give its NAME instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, Mar ORGIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH Mucoun alive on (Day) (Year) It LESS than 7 AGE and that death occurred on the date stated above, at... 1 day,....hrs. The CAUSE OF DEATH* was as follows: SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) State yrs. ___ of death yrs. mos. ds. Where was disease contracted. If not at place of death? Former or usual residence. 15

[Approved by U. S. Census and American Public Health Association.]

"... Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None cafed thms: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant. Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cuses, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the dibease causing death—Name, first, the dibease causing death—Name, first, the dibease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopnéumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ample: Meastes (disease causing death), 29 ds.; valvular heart disease; cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanns) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma: etc., of ... The contributory (Recommendations on statement of Chronic interstitial nephritis. (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Examples:



S. No. 1.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very carefully supplied. may be DEATH in pialn terms, so that it m See instructions on back of certificate. Every item of Information should be CAUSE OF DEATH in piain terms, se Important.

RECORD

A PERMANENT

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 247

St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

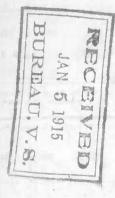
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH SEZ 28 ,191 4 (Year)
6 DAT	E OF BIRTH 1866 Auft (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 22 25, 1914, to 22 25, 1914, that I last saw have alive on 25 28, 1914
7 AGE	(2007)	and that death occurred on the date stated above, at 7.25-A.m. The CAUSE OF DEATH* was as follows:
8 occ (a) Tr partic	upation ade, profession, or Horine wife	Labar Precomonia
busines	eneral nature of industry, ss, or establishment in employed (or employer)	(Duration) yrs mos Z ds.
(8	HPLACE (tate or country) Alacu Lwam Europe	Secondary (Doration)
SLUZ	ONAME OF FATHER Rudolph mueller 1 BIRTHPLACE OF FATHER (State or country) Suntantand 2 MAIDEN NAME	(Signed) A. JV. Lee, M. D. P2C 24, 1914. (Address) Cafilet Hunghtind *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIPAL.
0	3 BIRTHPLACE OF MOTHER (State or country) Germany	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds
	tormant) a. I Lee Mis.	Where was disease contracted, if not at place of death?
15 Fileda	Oec 28, 1944 John Ewall God REGISTRAR	DATE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRES

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, uot who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when ueeded. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cangenital," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal schiichacetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convalsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease cansing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations ou statement of



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT FOR BINDHAG 4 PLAINLY, WITH UNFADING INK-THIS IS AGE RESERVED of information should be carefully supplied. DEATH in plain terms, so that it may be see instructions on back of certificate. MARGIN -Every Item of Information should be CAUSE OF DEATH In plain terms, so WRITE

Important.

N.B.

V. S. No. 1.

PLACE OF DEATH

STATE OF M	IARY	LAND
CERTIFICATE	OF	DEATH
		6

5	Registration	Dist.	No. of PC
ma	St.;W	ard)	[If death occur

red in itution,

FULL NAME Boy Cle	Cover give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mule (Write the word)	16 DATE OF DEATH 12 18 ,1914 (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw h walled on 5 EC 8, 191 4
7 AGE If LESS than 1 day,hrs. ORmin.?	and that desth occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	8 Moulles Festatem (Ouration) yrs mos ds
9 BIRTHPLACE (State or country) 10 NAME OF FATHER SUVESOR 11 BIRTHPLACE	Contributory Secondary (Duration) yrs mos ds (Signed) , M. D.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) MA	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place in the of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death? Former or usual residence.
Filed Dec 19, 1914 Mary W. Thomas	Chinton, Md, Date of BURIAL Clinton, Md, blec 20, 1914. 20 UNDERTAKER Scott urmstrong matrile m

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very Important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) injury, as fracture of skull, and consequences (c. g., which surgical operation was undertaken. For vio-LENT BEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac-"Convulsions," "Debility" ("Conthema," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, elc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: "Heart failure," "Haemorrhage," "Inanition," "Murasaffection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, mus," "Old Age," "Shock," "Uraemia," "Weakness," Bronchonneumonia (secondary), 10 ds. ample: tc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head of or Homicidal, or as probably "Dropsy," "Exhaustion," Never report For vio-



No.

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ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. supplied. ACE should be simay be properly classified. 4 UNFADING INK-THIS IS AGE WITH pinoda PLAINLY, in plain of Information DEATH WRITE CAUSE OF Important. S i m ż

PLACE OF DEATH 13812	STATE OF MARYLAND
P' 4 2 791	CERTIFICATE OF DEATH
County Oren a Osasyx	239
	Registration Dist, No.
Village or City Saurel (No,	St.; Ward) [It death occurred in a hospital or institution,
0	give its WAME Instead of street and number.]
2FULL NAME 6 dward M. Voo	at sites and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RAGE 5 SINGLE,	16 DATE OF DEATH 29 1015/
male White (Write the word)	(Month) (Day (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	Dec 23, 1914, to Dec 29, 191
(Month) (Day (Year)	that I last saw hall alive on Dee 29 ,1914
AGE If LESS than	and that death occurred on the date stated above, at 12 m
64 10 22 1 day,hrs.	The CAUSE OF DEATH* was as lollows:
yrs mos ds or min.?	D : (Soucho)
COCCUPATION (a) Trade, profession, or	V recumorna
particular kind of work	
(b) General nature of industry, business, or establishment in	(Duration) yrs mos 6 ds
which employed (or employer)	Contributory
State or country)	Secondary
10 NAME OF ALL	(Duration) yrs mos d
FATHER Wesley P. Woods	(Signed) M. I
11 BIRTHPLACE	Dec 24, 191 4 (Address) Laure on
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OF HOMICIDAL.
12 MAIDEN NAME OF MOTHER	
Lary Jane Way son	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the
	of death yrs mos ds. State yrs mos d Where was disease contracted,
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) / / / / / / / / / / / / / / / / / / /	Former or usual residence
(Address Mutchelsville and	19 PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL
5 / 1	Trinety Bough DEC 3/84, 1914
100030th H Wing a Farrall	20 UNDERTAKER ADDRESS

Decr30th, 1914 Nm. a, Harra REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Lucomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutesis of lungs, moninges, peritonaeum, etc., Carcintesis of lungs, moninges, peritonaeum, etc., Carcintesis causes and cause of lungs.

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperan septiehac mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection used not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanitiou," "Marus "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles "Seuile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report For vio

